

**TESH – TELEHEALTH EDUCATION FOR SCHOOL HEALTH  
CONTINUING EDUCATION ACTIVITY EVALUATION FORM**

**Nebraska DHHS Division of Public Health  
Maternal Child Adolescent Health Program**

Activity Title: **Medicaid 101**

Date: **April 11, 2013**

Activity No. **31311**

**If viewing on-demand recording: Date and Time:** \_\_\_\_\_

As a learner please assist in the evaluation of this presentation. Please circle the number beside each statement that best reflects the extent of your agreement. Thank you.

		Disagree				Agree
Content						
1.	The content was interesting to me.....	1	2	3	4	5
2.	The content extended my knowledge of the topic.....	1	2	3	4	5
3.	The content was consistent with the objectives.....	1	2	3	4	5
4.	I will be able to apply this content in my work.....	1	2	3	4	5
5.	Objectives were consistent with purpose/goals of activity.....	1	2	3	4	5

**Faculty/Presenter Effectiveness (Margaret Brockman):**

1.	The presentation was clear and to the point.....	1	2	3	4	5
2.	The presenter demonstrated mastery of the topic.....	1	2	3	4	5
3.	The method used to present the material held my attention.....	1	2	3	4	5
4.	The presenter was responsive to participant concerns.....	1	2	3	4	5

**Instructional Methods**

1.	The instructional material was well organized.....	1	2	3	4	5
2.	The instructional methods illustrated the concepts well.....	1	2	3	4	5
3.	The handout materials given are likely to be used as a future reference.....	1	2	3	4	5
4.	The teaching strategies were appropriate for the activity.....	1	2	3	4	5

**Learner Achievement of Objectives**

1.	Analyze the current effectiveness of Nebraska EPSDT in serving children and youth..	1	2	3	4	5
2.	Describe Medicaid Managed Care in Nebraska, and name three areas where managed care has the potential for improving health outcomes for children and families.	1	2	3	4	5
3.	Identify two or more Medicaid initiatives in Nebraska to improve the effectiveness of health care delivery.	1	2	3	4	5
4.	Identify three or more “need to know” considerations for helping families navigate the Medicaid system in Nebraska.	1	2	3	4	5

**Knowledge Level Self-Assessment: On a scale of 1 (low) to 5 (high),**

My knowledge level of this topic prior to the learning event: \_\_\_\_\_

My knowledge level of this topic following the learning event: \_\_\_\_\_

## COMMENTS ABOUT THE PROGRAM:

## SUGGESTIONS FOR FUTURE TESH PROGRAMS:

**Complete if you viewed our program “live” on telehealth:**

**Evaluation feedback for the [NEBRASKA STATEWIDE TELEHEALTH NETWORK](#):**

1. Location where you are attending this telehealth session:
2. How many persons are attending at your location today?
3. Please evaluate your satisfaction with telehealth learning today.  
5 = highly satisfied   4 = satisfied   3 = neutral   2 = dissatisfied   1 = highly dissatisfied
  - a. The use of the telehealth system was conducive to my learning. \_\_\_\_\_
  - b. The picture quality \_\_\_\_\_
  - c. The sound quality \_\_\_\_\_
  - d. I am very likely to use telehealth again for my professional learning needs. \_\_\_\_\_
4. If you were not satisfied with telehealth today, please describe the issues/problems/technical difficulties you faced so we can correct them:

**Complete this portion only if you viewed our recorded event:**

**Evaluation feedback for [WWW.ANSWERS4FAMILIES.ORG](http://WWW.ANSWERS4FAMILIES.ORG) :**

1. Please evaluate your satisfaction with web-on-demand learning.  
5 = highly satisfied   4 = satisfied   3 = neutral   2 = dissatisfied   1 = highly dissatisfied
  - a. The use of web-on-demand access to the TESH recording was conducive to my learning
  - b. The picture quality \_\_\_\_\_
  - c. The sound quality \_\_\_\_\_
  - d. I am very likely to use web-on-demand on [www.answers4families.org](http://www.answers4families.org) again for my professional learning needs \_\_\_\_\_
2. If you were not satisfied with our web-on-demand option, please describe the issues/problems/technical difficulties you faced so we can correct them:
3. Your signature and the date below affirm and serve as your attestation that you viewed the program named in entirety and met all criteria for awarding of contact hours for completion of the educational event.

\_\_\_\_\_  
Nurse signature

\_\_\_\_\_  
Date

**THANK YOU!** Return your completed evaluation and sign-in sheet to the DHHS School Health Program, c/o Kathy Karsting, RN. Fax:402-471-7049; email [kathy.karsting@nebraska.gov](mailto:kathy.karsting@nebraska.gov); snail mail P.O. Box 95026 Lincoln NE 68509-5026.